(P	F	PART B	- FEE(S)	TRA	NSMITTAL		
Complete and send t	his form rogether w	applicable fo	ee(s), to: <u>N</u>	<u>1ail</u>	Mail Stop ISS Commissioner to P.O. Box 1450 Alexandria, Virg		
\2	.€ /		or <u>I</u>		(703) 746-4000		
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G101017 11201	1011002110 02021	2711			Paul D. D	ugikjee /	(Depositor's name)
		•			Rul	Mure	(Signature)
					25(1	m 05	(Date)
APPLICATION NO.	FILING DATE		FIRST NAME	D INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/701,033	11/04/2003		Mihail S	. Moisin	l	MOIS-002AUS	6140
TITLE OF INVENTION: B	ALLAST CIRCUIT HAVIN	G ENHANCED O	UTPUT ISO	LATION	TRANSFORMER CI	RCUIT WITH HIGH POWER	
APPLN. TYPE	SMALL ENTITY	ISSUE FI	FEE PUBLICATION FEE			TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700			\$300	\$1000	07/22/2005
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VO, TU'	YET THI	2821			315-282000		
Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47: Rev 03-02.	e address or indication of "F lence address (or Change of 22) attached. ion (or "Fee Address" Indication more recent) attached. Use	Correspondence	(1) the nation or agents (2) the nation (2)	printing on the patent front page, list DALY, CROWEY, MOFFORD & DURKFE, LLP anames of up to 3 registered patent attorneys into OR, alternatively, aname of a single firm (having as a member a red attorney or agent) and the names of up to stered patent attorneys or agents. If no name is no name will be printed.			
Number is required.							
	RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app Γa substitute	ear on t for filin	the patent. If an assignment 0	nee is identified below, the do 5/23/2005 NBERHE1 0000	ocument has been filed for 0059 10701033
(A) NAME OF ASSIGN	EE	(B) RESIDENC	CE: (CIT		VFC:2501 2 FC:1504 3 FC:8001	700.00 OP 300.00 OP 30.00 OP
Please check the appropriate	assignee category or category	ries (will not be pr	inted on the n	natent):	Individual . C	orporation or other private gro	un entity
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			tion Fee (if and from anyon Office	ny) or to	re-apply any previous than the applicant; a reg	LL ENTITY status. See 37 Clly paid issue fee to the applicatistered attorney or agent; or the	tion identified above. are assignee or other party in
Authorized Signature	Kaul Oli	Mee			Date	20 Jun 05	
Typed or printed name _	Paul D. Durkee	7.2		_	Registratio	1 No. 41,003	

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PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE work Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/701.033 Filing Date TRANSMITTAL November 4, 2003 First Named Inventor **FORM** Mihail S. Moisin Art Unit 2821 * ... Cor ... Examiner Name Tuyet Thi Vo (to be used for all correspondence after initial filing) Attorney Docket Number ٠3 MOIS-002AUS Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC ~ Drawing(s) Fee Transmittal Form Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Petition Appeal Communication to TC Amendment/Reply Appeal Notice, Brief, Reply Brief Petition to Convert to a Provisional Application After Final **Proprietary Information** Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Other Enclosure(s) (please Identify **Extension of Time Request** Terminal Disclaimer below): Return Postcard Express Abandonment Request Request for Refund PTOL-85 Form Information Disclosure Statement CD, Number of CD(s) Certified Copy of Priority Landscape Table on CD Document(s) Reply to Missing Parts/ Remarks Incomplete Application Reply to Missing Parts In the event a petition for extension of time is required by this paper and not under 37 CFR 1.52 or 1.53 otherwise provided, such petition is hereby made and authorization is provided herewith to charge deposit account No. 50-0845 for the cost of such extension. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Daly, Crowle Signature Printed name Paul D. Durkee Reg. No. Date 41.003 **CERTIFICATE OF TRANSMISSION/MAILING** I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in a) envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date Paul D. Durkee Typed or printed name

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Effective on 12/08/2004.	Complete		
First arount to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number		
FEE TRANSMITTAL	Filing Date		
For FY 2005	First Named Inventor		
	Examiner Name		
Applicant claims small entity status. See 37 CFR 1.27	Examiner Name		

Complete if Known 10/701,033 November 4, 2003 Mihail S. Moisin Tuyet Thi Vo 2821 Art Unit MOIS-002ALIS

METHOD OF PAYMENT (check all t								
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 50-0845 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
	EES SEAF	Small Entity	MINATION FEES Small Entity					
Application Type Fee (\$)	Fee (\$) Fee (\$		(\$) Fee (\$)	Fees Paid (\$)				
Utility 300	150 500	250 20	100					
Design 200	100 100	50 13						
Plant 200	100 300	150 16	-					
Reissue 300	150 500	250 60	- 200					
Provisional 200	100 0	0	0 0					
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, of Each independent claim over 3 or, for Multiple dependent claims Total Claims - 20 or HP = 0 HP = highest number of total claims paid for, Indep. Claims - 3 or HP = 0 HP = highest number of independent claims paid for, Indep. Claims	r Reissues, each indep Fee (\$) Fee x = = = = = = = = = = = = = = = = = =	endent claim more that Paid (\$) Mult	ginal patent in in the original pate iple Dependent Claims ee (\$) Fee Paid	360 180				
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) 0 - 100 = 0 / 50 = 0 (round up to a whole number) x 0 = 0 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								
Other: PTO Issue Fee, Publication Fee and Soft Copies 1030								

SUBMITTED BY			/"	D	\mathcal{L}	\mathbf{L}	<u> </u>	//			
Signature	G.	Z	'n	V		K	MI	u	Registration No. (Attorney/Agent)	41,003	Telephone 781.401.9988 ext. 21
Name (Print/Type)		Pa	aul C), [Du	rke	е				Date 20 Jm 05

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